

FD-258 (Rev. 5-95)

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☒ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

U.S. v. Lonce

FOR

AT

Boston

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

District Court
04-10049W67
Court of Appeals

PERSON REPRESENTED (Show your full name)

Juan Lonce

CHARGE/OFFENSE (describe if applicable & check box →)

☒ Felony☐ Misdemeanor

- 1 ☒ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed
	Name and address of employer: _____
	IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____
	How much did you earn per month? \$ _____
ASSETS	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED: \$8,000.00 SOURCES: Massey
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROPERTY	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT
	VALUE DESCRIPTION

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
	<input checked="" type="checkbox"/> SINGLE	1	Shyne (son)
	<input type="checkbox"/> MARRIED		
	<input type="checkbox"/> WIDOWED		
	<input type="checkbox"/> SEPARATED OR DIVORCED		

OBLIGATIONS & DEBTS

DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT CARD ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
		Courts	\$1000.	\$
			\$	\$
			\$	\$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

2-24-04

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Juan Lonce